

Statement of Organization CANDIDATE COMMITTEE

FEB 2 8 2014

*Please read instructions before completing this form.

Type of Statement						
□ NEW		☑ AMENDED				
This committee is registering with the Virginia State Board of Elections for the first time.		This committee is filing an amended Statement of Organization.				
		Date Changes Took Effect	SBE-issued Committee ID			
		28 II 2014				
Committee Information						
9 - 33 - 34	The state of the s		A Carl			
Committee Information	Name of Candidate Campai	gn Committee	of Cost			
	C. KOMONIA N. GOVERNACIO IN N.					
	Street Address/PO Box	MANTON DRIVE	Suite #			
		9 57.1	VA 24503-301			
	City	DUKO-	VA 24505-59 (State Zip Code			
	City CARY W Lynd					
	H. CARIW Lynch	is any va. sov	434.660.8299 Daytime Phone #			
	Email Address		Daytime Phone #			
	ings in quantity is because and	Kin Kin Kin	a sure that he recently weather the research			
	Campaign Website	Candidate Information				
	2,372	1	26 · ·			
	MR. CARY	First Name	<u>— 111</u>			
Candidate	MK. CARY Salutation Last Name		Middle Name Suffix			
	3701 MANTO	ON DRIVE				
	Residence Address	M3 CONTRACTORIST	Apt#			
	LUNCARURG	The Same Same	VA 24503-3015			
Information	City		State Zip Code			
	City Lyncotisuno	<u>- in the state of the state of</u>				
	Commence City of Desidence	The state of the s	Voter Identification #			
	M. CARNOLUNCA	hercha con	434 660 8299			
	Email Address	sur your you	434.660,8299 Daytime Phone #			
	☐ By checking this box, I certify that I am currently registered to vote at the address above.					
Election Information						
Election Information	CORNCIMAN	At.	LARGE			
	Office Sought	District (if one	e) (
	P. market	2014	November May Special			
	Political Party	Year of Election	Type of Election			



Statement of Organization CANDIDATE COMMITTEE

Treasurer Information					
Treasurer Information	ML, CARY Salutation Last Name 370) MANTON DR Residence Address	Hunslow First Name 200 Apt #	Middle Name Suffix		
	CYNCHBURG City LYNCHBURG Gounty or City of Residence	State	2 4503-3015 Zip Code		
	Email Address () A CHESUROVA Email Address () A CHESUROVA	t, gov 432 Daytim	Hentification # 4. 660, 8299 The Phone # The address above.		
Campaign Depository					
Name of Primary Financial Institution Name		Name of Other Financial Ins	stitution (if applicable)		
LYNICABURO VA					
City	State	City	State		
Committee Activity					
Dates of Activity	Please provide the following dates. (If an Date first contribution accepted: Date first expenditure made: Date campaign depository designate Date filing fee paid for party nomina Date Statement of Qualification filed Date treasurer appointed:	18 II 2014 17 II 2014 ed: 27 II 2014 ation: 10 II 2014			

(continued on next page)